

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>mcj</i>		<i>07-02-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>H.S</i>	<i>943</i>	<i>7-25-1</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>int.</i>	<i>571</i>	<i>10/04/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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79	✓		
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93	✓		
94	0		
95	✓		
96	✓		
97	✓		
98	✓		
99	✓		
100	✓		

Claim	Final	Original	Date
101	✓		
102			
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If more than 150 claims or 10 actions  
staple additional sheet here

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373  
10/04/01  
RE58-JCS83

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